V. S. No. 2
100M—5-43
Rev. 5-17-39
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38658

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39844

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 425

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town McBride Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Graf
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 29 (Day) 1893 (Year)

8. AGE: Years 53 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St Genevieve Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Frank Graf
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Brader
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant William Graf
(b) Address McBride Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1946 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director Youngblood
(b) Address Perryville Mo
19. (a) 12-17-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1946 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from 12-10-1946 to 12-15-1946
that I last saw him alive on 12-15-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Due to
Due to Nephritis Ch
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
131B

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature A Burwell (M. D. or other)
Address Cape Girardeau Date signed 12/16/46

44 (Licensed Embalmer's Statement on Reverse Side)

APR 2 1947

RECEIVED

Health Officer No. 4

File Number 1246-3010

Filed 12-23-46

APR 11 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Edward G Young

Licensed Embalmer No. 21368

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.